

CITY OF MANCHESTER

Elderly & Disabled Exemption Application

Income and Asset Statement Provided for Year 2009

To Be Completed by Owner Seeking Tax Exemption, Per RSA 72:39a

Applications accepted after January 1, 2010

Filing deadline is APRIL 15, 2010

Effective for tax year 2010

ALL INFORMATION CONTAINED IN OR ATTACHED TO THIS DOCUMENT IS CONFIDENTIAL

Map/Lot Account No	Applying for:		Disabled e circle one)
Owner Name	Owner Date of Birth	l	
Co-Owner /Spouse			
*Relationship	(circ.	ie one)	*attach divorce decree
Address	Married Single	Widow	Divorced
City/State/	New Hampshire res	ident since	e
Zip	Telephone Number		
Prior address if less than 5 years	If married, how many		
Life Estate/Trust Name* (if any)	Please indicate type of		
If the property is owned by a Trust a PA-33 must be completed with a full copy	Single Mı	ulti#of un	its
the Trust.	E-mail		
If you own a multi family, do you have a mortgage Y/N			
◆ Are you receiving a deduction or exemption from	any other City or Town	i? YES_	NO
O What is your primary place of abode?			
If any of the following categories do not ap			
The state of the s			
INCOME INF			
FOR THE PERIOD JANUARY		2009	
(please attach additional			
Supporting Documents MUST be put in order of num	ibers and submitted wit	th this app	lication.
	Owner	C	o-Owner (Spouse)
 Social Security \$ (Gross, annual) Sos. Sec. Disability Income (Title II or Title XVI) Veterans Admin. Disability Income (Gross) Wages, Salaries, Tips (Gross) 			
· 6			
•			
•			
5. Pensions			
•			<u></u>
Θ			

6. Interest Income (a	ll sources) Account #		Amount		
•					
•				Amount	
•	Account #			Amount	
7. Dividend Income	(all sources) Account #			Amount	
. •				Amount	
⊗	Account #			Amount	
8. Real Estate Rental				Amount	
9. Other Income (ple					
Total Income:		\$		\$	
Additional Comments: (attach	additional sheets if necessary)				
	AS OF THE DATE (TORMATION OF THIS APPLICATION onal sheets if necess			
10. Other Real Estate:	(Street Address)	0.5.1.177.1	(D1	1	
	(Street Address)	(Market Value)	(Please att	ach copy of prope	rty tax oiii
nobile homes or time shares 11. Vehicle 1: Make			Year	, Miles	
Vehicle 2: Make	, Model , Model	,	Year	, Miles	
Vehicle 3: Make	, Model		Year	, Miles	
	(Description) ***Please attach copi	(Value) es of latest state	(Description	n)	(Value)
13. List all banking res					
Checking Account#	Bank Name	Name(s) on	account	Balance	
Savings Account #	Bank Name	Name(s) on	account	Balance	
Credit Union Account #	Credit Union Name	Name(s) on A	Account	Balance	
	·				
CD Account #	Bank/ Institution Name	Name(s) on A	Account	Balance	

I.R.A. Account#	Bank / Institution Name	Name(s) on Account	Balance
Money Market Acc#	Bank / Institution Name	Name(s) on Account	Balance
Stocks/Bonds Acc#	Bank / Institution Name	Name(s) on Account	Cash out Value
Annuities Acc#	Bank / Institution Name	Name(s) on Account	Cash out Value
Mutual Funds	Bank / Institution Name	Name(s) on Account	Balance
Life Insurance Policies #	Bank / Institution Name	Name on Account	Cash out Value
14. Other Assets:	(Explain)		\$ Amount
Total Assets:	<u> </u>		S
 Federal Income Ta State Interest and I Last 3 months of b Entire current state policies, etc. Property tax invent Information regard Copy of Trust if present and Income Tax 	ank statements (full copies) ements for CD's, IRA's stock tory form filed in any <i>other</i> to ling any other property owner operty is owned by a Trust	with W2's attached s, bonds, annuities, money	
available to the Cit	documentation the applicant on this apply of Manchester and the jury, I/we certify that the inform	Assessing Department.	
swear, under penalty of per Statements, is true to the best	jury, nwe certhy that the intorm of my/our knowledge.	аноп ртотиси и ина дрриса	,
Owner Signature Shared drive: 2010 Exemption	Date	Co-Owner Sig	gnature Date revised 11/10/09

For the Assessing Office Only					
Application Taken By:		Date			
Comments on Applicatio	n				
	Danied				
approved	Denied	Date			
			•		
			•		